FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

TEMPORARY



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:

Estimated average burden

hours per response...... 4.0

Expires:

3235-0076

February 28, 2009

300									
Name of Offering (check if this is an amendment and name has changed, and indicate change.)									
Series A Convertible Preferred Stock with Common Stock Warrants									
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ Ul	IIII 1100 1100 1000 1000 1000								
	######################################								
Type of Filing: New Filing Amendment									
A. BASIC IDENTIFICATION DATA									
Enter the information requested about the issuer	9003694								
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)	_								
ESO Solutions, Inc.									
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Num	ber (Including Area Code)								
4009 Banister Lane, Suite 400, Austin, TX 78704 (866) 766-94	71								
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Num	ber (Including Area Code)								
(if different from Executive Offices)									
Brief Description of Business: Provides electronic patient care reporting and billing services software to emergency me	edical services and fire								
organizations.	CESSED								
Type of Business Organization									
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):	a anna								
□ business trust □ limited partnership, to be formed									
	ISON REUTERS								
Month Year TLICAL	ISOM KEDIEWA								
Actual or Estimated Date of Incorporation or Organization: 0 4 0 4	mated								
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:									
CN for Canada; FN for other foreign jurisdiction) T X									

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and	managing partner	of partnership issuers.			
Check Box(es) that Apply	☐ Promoter	Beneficial Owner	□Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name first, Dadey, John C.	if individual)			- "	
Business or Residence Add 147 Barton Hills Drive, A		d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, McCarthy, Thomas V.	if individual)				
Business or Residence Add 104 Greenwhich Ct., New	•	d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Carter, James R.					
Business or Residence Add c/o Intersys Consulting, 23					
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, Ring, Harvey	if individual)				
Business or Residence Add 66 Pascal Lane, Austin, T		d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Wagh, Stephen A.	, if individual)				-
Business or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		
c/o ESO Solutions, Inc., 4	1009 Banister La	nne, Suite 400, Austin,	TX 78703		
Check Box(es) that Apply	☐ Promoter	☐Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				- -
Business or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	, if individual)		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		

		•			B. IN	NFORMA	ATION A	BOUT O	FFERIN	G				
•													Yes	<u>No</u>
1. H	as the iss	uer sold,								offering?				X
			Answe	r also in A	appendix,	Column 2	e, if filing	under UL	OE.					
2. V	Vhat is th	e minim	um invest	tment that	will be ac	cepted fro	om any in	dividual?					\$ 1,0	00
													Yes	<u>No</u>
														X
0 1 0	r similar isted is an of the brol	remuner associa ker or de	ation for ted personaler. If n	solicitatio n or agent nore than	n of purcl of a brok	hasers in our dealer or dealersons to	connection er registen be listed a	n with sale ed with th	es of secu e SEC and	rities in th d/or with	ne offering a state or	ly, any commission g. If a person to be states, list the name or dealer, you may		
Full Nan	ne (Last na	ame first,	if individ	lual)										
Business	or Reside	nce Add	ress (Nun	nber and S	treet, City,	State, Zip	Code)			•				
Name of	Associate	ed Broker	or Deale	Γ	<u></u>									
States in	Which Pe	rson List	ed Has So	olicited or	Intends to	Solicit Pu	rchasers							
(Chec	k "All Sta	ites" or cl	heck indiv	idual State	es)									States
(AL) (IL) (MT) (RI)	[AK] [IL] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
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- ·	6 11					8 7.	G. 1.)							
Business	or Reside	ence Add	ress (Nun	nber and S	treet, City,	State, Zip	(Code)							
Name of	Associate	ed Broker	r or Deale	r										
States in	Which Po	erson List	ted Has S	olicited or	Intends to	Solicit Pu	rchasers		······································					
(Chec	k "All Sta	ites" or cl	heck indiv	idual State	es)				*************					States
(AL) [IL] (MT) [RI]	[AK] [IL] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Nar	ne (Last n	ame first,	, if individ	lual)										
Business	or Reside	ence Add	ress (Nun	nber and S	treet, City,	State, Zip	Code)							
Name of	Associate	ed Broke	r or Deale	r				-	,					
States in	Which Pe	erson Lis	ted Has S	olicited or	Intends to	Solicit Pu	rchasers	<u></u>						
(Chec	k "All Sta	ites" or c	heck indiv	vidual State	es)								□ All	States
[AL] [IL] [MT]	[AK] [IL] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [Mi] [OH]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		•		
	Type of Security		ggregate cring Price	A	mount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	800,000	\$	580,602
	☐ Common				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify))	\$	0	\$	0
	Total		0	\$	0
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number nvestors		Aggregate Dollar Amount Of Purchases
	Accredited Investors		28	\$	580,602
	Non-accredited Investors		0	<u> </u>	0
	Total (for filings under Rule 504 only) N/A				
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part $C-Q$ uestion 1. N/A				
	Type of offering		Type of Security	I	Dollar Amount Sold
	Rule 505		•	\$	
	Regulation A			\$	
	Rule 504				
	Total			 \$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			- 1	
	Transfer Agent's Fees	•••••		\$	0
	Printing and Engraving Costs			\$	0
	Legai Fees		E	\$	12,000
	Accounting Fees	•••••		\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total			\$	12.000

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES	SAN	D US	SE OF PROCE	EDS			
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."								
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.									
					Payments to Officers, Directors & Affiliates]	Payments to Others	
	Salaries and fees			\$	0		\$	0	
	Purchase of real estate			\$	0		\$	0	
	Purchase, rental or leasing and installation of machinery	and equipment		\$	0		\$	0	
	Construction or leasing of plant buildings and facilities			\$	0		\$	0	
	Acquisition of other businesses (including the value of s offering that may be used in exchange for the assets or s pursuant to a merger)	ecurities of another issuer		\$	0	_	\$	0	
	Repayment of indebtedness			\$	0		\$	0	
	Working capital			\$	0	Ø	\$	788,000	
	Other (specify): Equity Compensation			\$	0		\$	0	
				\$	0	О	\$	o	
	Column Totals		П	S	0	æ	\$	788,000	
	Total Payments Listed (column totals added)		_	•	×	\$ 788,0	•		
								<u> </u>	
	D.	FEDERAL SIGNATURE							
sig	e issuer has duly caused this notice to be signed by the un- mature constitutes an undertaking by the issuer to furnish to formation furnished by the issuer to any non-accredited inves	o the U.S. Securities and Excha	ange (Com	mission, upon v	under R written r	ule 50 eque:	05, the following st of its staff, the	
	SO Solutions, Inc.	ignatols / //	1	,		Date Febru	ary 1	12, 2009	
		tile of Signer (Print or Type) cting Chief Executive Officer)						

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

